

CITY OF BOULDER Housing & Human Services

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AFFORDABLE HOUSING LIVABILITY GUIDELINES CHECKLIST

Please refer to the Livability Guidelines for additional information on rationale and requirements. One checklist per affordable unit to be submitted and approved prior to completion of covenants.

Street Addr	ess or General	Location of Pro	perty:		
Specific un	it number:		Number of bedrooms in unit:		
Name of Owner: Name of Contact:			Phone:		
1. Kitchen:	<u>Unit Size</u>	Minimum Cu	bic Feet of Cabinets/	Pantry/Storage	
This is	Studio 1 Bedroo 2 Bedroo 3 Bedroo generally equivale	m 38	eal feet of cabinets.		
Unit Size	Lineal Ft of Base Cabinets	Cubic Ft of Base Cabinets	Lineal Ft of Upper Cabinets	Cubic Ft of Upper Cabinets	Total Cubic
Studio	4	17	3	8	25
1 Bedroom	5	22	4	10	32
2 Bedroom	6	26	5	12	38
3 Bedroom	7	30	6	15	45
4 Bedroom	7	30	6	15	45
upper	cabinets.	,	for base cabinets and	12" depth and 30" h Manufacturer/l	-
CabinetsLineal Ft.		<i>l</i> laterials		Manufacturer/l	brand

Manufacturer/brand

Materials

Countertops_

2.	Appliances: Required:						
		Year	Make/Model	Warranty/years (1 year min.)			
		Stove					
		Oven		_			
		Required if Provided in Market Rate Units:					
			ded in market rate units? \	//Nif yes;			
		Year	Make/Model	Warranty/years (1 year min.)			
			ded in market rate units?				
		Year	Make/Model	Warranty/years (1 year min.)			
		Optional:					
		Year	Make/Model	Warranty/years			
		Microwave					
		Disposal		•			
3.	Fu	rnace:					
		Year	Make/Model	Warranty/years (5 year min.)			
		-					
		minimum depth o Bedroom Closets Bdrm closet #1 Bdrm closet #2_ Bdrm closet #3_ Bdrm closet #4_ B. Linen storage of	f 22".	Dimensions Dimensions mum size of 24" in width and 12" depth) with fixed or storage may be provided as part of a large bedroom or			
				uired closet space and linen space sizes. Dimensions			
		Linen					
				a minimum of 30" in width and 24" in depth) shall be try ways into the unit for coat and shoe storage. Dimensions			
		Entryway or Stora	age				
		space must be profootage of storage	ovided (garage, extra close e area must at minimum m	ten and entry hall closet, additional enclosed storage et, basement, or outdoor enclosed storage) and square eet the standards listed in the table below. For safety te from this storage space.			
		Unit Type M	linimum Storage Area				
		Studio	30 SF				
		1 Bedroom	40 SF				
		2 Bedroom	50 SF				
		3 Bedroom	60 SF				
		4 Bedroom	70 SF	Dimensions			
		Additional Storage	e	Difficiations			

			Location	Dimensions
	Exception(s))		
j .	Floor Coverii	ngs: Describe all	floor coverings an	d warranty of materials.
	Room	Flooring Type	Brand	Manufacturer Warranty (10 year min. for wood flooring)
	7. Room Si	zes:		th no dimension less than 9'0".
	Bedrooms			Dimensions
	2.			
	3			
	4			
	_	•	•	feet (12' x 10', min. lineal dimension) of space. Dimensions
				t 72 square feet (9' x 8', min. lineal dimension) o
	•	ng Area		Dimensions
' .	rooms and s	Ventilation: All similar rooms) shall not less than one t	be provided with r	excluding bathrooms, laundry rooms, storage natural light by means of exterior glazed openings rea of such rooms.
		ns that do not meet C or IRC standards		(exceptions) please describe mitigation methods
				equirements? Y/N
3.		undry: Laundry fa market rate units.	acilities must be p	rovided in permanently affordable units if it is
			market rate units?	Y/Nif yes;
	Check laund Private wash	Iry provision provide ner/dryer hook-ups	ed in this PA unit;	
	Shared com	mon laundry		

Air conditioning pro	Air conditioning provided in market rate units? Y/N if yes;			
Year	Make/Model	Warranty/years (5 year min.)		
type of cooling me Does this unit have	thod (ceiling fans, attic fans, sha	rs on more than one side) must provide some ading devices, evaporative cooler) all rooms? Y/NIf NO;		
ales price for this unit eccupancy for this buil certify that all the info	t or a monetary penalty to I Iding. ormation contained in this a to this information, and un	reduction of the maximum allowable be paid prior to receiving a certificate of application is true and complete. I agree aderstand that changes must be approve		
Owner o	r Owners Representative S	Signature Date		
	STAFF USE	ONLY		
	d by:	Date:		
Application Approve		Data completed		
Application Approve Deficiency	Mitigation	Date completed		
	Mitigation 	Date completed		
	Mitigation	Date completed		